

MEDDAC Regulation 40-18

Medical Services

Disease Reporting

**Headquarters
U.S. Army Medical Department Activity
Fort George G. Meade
2480 Llewellyn Avenue
Fort George G. Meade, MD 20755-5800
20 February 2003**

Unclassified

SUMMARY of CHANGE

MEDDAC REG 40-18
Disease Reporting

Specifically, this revision—

- o Has been published in a new format that includes a cover and this “Summary of Change” page.
- o Reformats the title page. The Contents section now includes the page numbers that the various chapters and paragraphs begin on.

Medical Services

Disease Reporting

FOR THE COMMANDER:

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Summary. This regulation establishes policies for reporting communicable diseases and other conditions of public health and command significance. This revision makes substantial changes throughout the regulation.

Applicability. This regulation applies to Headquarters, U.S. Army Medical Department Activity, Fort George G. Meade (MEDDAC) (that is, Kimbrough Ambulatory Care Center (KACC), and all outlying U.S. Army health clinics (USAHCs).

History. This is the third revision of this publication, which was originally published on 30 August 1996.

Proponent. The proponent of this regulation is the Chief, Preventive Medicine Service (PM).

Supplementation. Supplementation of this regulation is prohibited.

Suggested improvements. Users of this publication are invited to send comments and suggested improvements, by memorandum, directly to the Commander, U.S. Army Medical Department Activity, ATTN: MCXR-ZC, Fort George G. Meade, MD 20755-5800, or to the MEDDAC's Command Editor by fax to (301) 677-8088 or e-mail to john.schneider@na.amedd.army.mil.

Distribution. Distribution of this publication by electronic medium only.

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Chapter 1

Introduction

1-1. Purpose

This regulation establishes policy, assigns responsibility and provides procedures for reporting communicable diseases and other conditions of public health and command significance.

1-2. References

Related publications, prescribed forms and referenced forms are listed in appendix A.

1-3. Explanation of abbreviations

Abbreviations used in this regulation are explained in the glossary.

1-4. Convention regarding duty sections and duty positions

Unless specifically stated otherwise, all references to duty sections and duty positions within this regulation refer to duty sections and duty positions at KACC.

1-5. Responsibilities

a. *The MEDDAC Commander.* The MEDDAC Commander will ensure a disease reporting system is implemented within the MEDDAC.

b. *Commanders, directors and managers of outlying USAHCs.* Commanders, directors and managers of outlying USAHCs will—

(1) Implement disease reporting and investigation procedures within their clinics in accordance with (IAW) this regulation.

(2) Report reportable conditions to the state health department of the state in which they are located.

(3) Except for Kirk USAHC, report conditions required by the Army Medical Surveillance System (AMSS), U.S. Army Center for Health Promotion and Preventive Medicine (CHPPM), to PM at KACC. Kirk USAHC will report directly to AMSS.

(4) Implement disease control measures including identification and prophylaxis of disease contacts.

(5) Develop a standing operating procedure (SOP) for disease investigation and reporting and provide a copy to the Chief, PM.

c. *The Chief, PM.* The Chief, PM will—

(1) Develop guidelines for the MEDDAC's disease reporting system (DRS).

(2) Monitor the functioning of the DRS.

(3) Investigate reportable conditions reported by health care providers at KACC.

(4) Provide guidance to commanders, directors and managers of the MEDDAC's USAHCs and health care providers regarding prevention, control, investigation and reporting of communicable diseases and other conditions of public health significance.

(5) Investigate conditions with potential occupational causation and provide recommendations for prevention and abatement of contributing factors.

(6) Conduct epidemiological investigations of suspected disease outbreaks or unusual occurrences of conditions of public health significance.

(7) Coordinate with reporting health care providers to identify disease sources and contacts, and provide prophylaxis and follow up of disease contacts as appropriate.

(8) Coordinate with the Infection Control Program Manager (ICPM) for management of reportable conditions and outbreaks among a medical treatment facility's (MTF's) personnel.

(9) Establish and maintain liaison with appropriate federal, state and local health

authorities for disease investigation, control and reporting.

(10) Report reportable diseases that originate from KACC and all outlying USAHCs, except Kirk USAHC, to AMSS. Kirk USAHC will report directly to AMSS and furnish an information copy of the report to the Chief, PM.

(11) Report reportable diseases that originate at KACC to the Department of Health and Mental Hygiene (DHMH) for the State of Maryland.

(12) Submit monthly statistical reports to Patient Administration Division (PAD).

d. *The Chief, Laboratory Service (LS)*. The Chief, LS will ensure that all test results diagnostic for a reportable condition are provided in a timely manner to the following, as appropriate:

(1) KACC and Kirk USAHC. To the Community Health Nurse (CHN).

(2) Dunham USAHC. To the ICPM.

(3) Barquist USAHC. To the Chief Nurse.

e. *The Chief PAD, Kirk USAHC*. The Chief, PAD, Kirk USAHC will submit the monthly statistical report received from the Chief, PM to the U.S. Army Patient Administration Systems and Biostatistics Activity (PASBA).

f. *The ICPM*. The ICPM will—

(1) Assist to prevent the occurrence or transmission of communicable diseases to patients and or staff members through multidisciplinary education, consultation, surveillance and research.

(2) Investigate potential infection hazards; recommend and coordinate the implementation of appropriate changes and evaluate the effectiveness of prevention and infection control measures.

g. *Health care providers*. Health care providers who are responsible for diagnosing and or treating patients will—

(1) Report required reportable conditions.

(2) Assist in the identification and prophylaxis and or treatment of disease contacts IAW the procedures specified in chapter 2 of this regulation.

Chapter 2

Disease Reporting Policies and Procedures

2-1. Reportable conditions

a. Reportable conditions are diseases of major public health concern because of endemicity and or potential for epidemic spread and conditions of command concern because of their occupational relationship. CHPPM, the DHMH for the State of Maryland, and the Communicable Disease Division (CDD) for the Commonwealth of Pennsylvania are the agencies which specify the conditions and mandate their reporting.

b. CHPPM and the state health department of the state in which the MTF is located are the agencies which specify reportable conditions and mandate their reporting. In addition, PASBA requires monthly statistical reporting. The timeframes for reporting are listed in appendix B.

c. The information at appendix C is used throughout the Walter Reed Health Care System. It contains a list of reportable conditions and simple instructions for referral of patients with those conditions to the PM servicing the MTF in which the patient is being evaluated. Additional copies of appendix C may be reproduced from this regulation.

2-2. Reasons for reporting

Identification of patients with reportable conditions is required so that—

- a. Epidemiological investigations can be conducted in order to identify and follow up communicable disease contacts so that community and intrafamily spread of certain communicable diseases can be curtailed through the use of chemoprophylaxis, immunization and health education.
- b. Required epidemiological information for disease control can be obtained and exchanged with federal and state public health authorities.
- c. Required reports can be completed and forwarded to higher commands.

2-3. Procedure for KACC clinics to report to the Community Health Nursing Section (CHN)

a. CHN must be notified of any reportable disease, condition or breakout as soon as it is suspected that such exists. It is very helpful if the health care provider contacts CHN while the patient is present so that a CHN representative can speak directly to the patient in order to obtain the required information and coordinate a time and place for further interview, if necessary. After duty hours and on weekends and holidays, reportable diseases, conditions and breakouts will be reported by the health care provider directly to the Anne Arundel County Health Department (99-410-295-3140) within 24 hours of discovery. This will be followed up with notification to CHN on the next regular duty day.

b. The health care provider who diagnoses or suspects a reportable disease, condition or outbreak will contact CHN telephonically and provide the following information concerning the patient:

- (1) Name.
- (2) Sponsor's social security number.
- (3) Sex.
- (4) Diagnosis.
- (5) Status; i.e., whether the patient is active duty, retired, dependent or civilian.
- (6) Home phone number.
- (7) Primary health care provider's name.

2-4. Procedure specific to Kirk USAHC

Kirk USAHC will utilize the assets of its PM to accomplish disease reporting to the DHMH, State of Maryland, and to AMSS. After duty hours and on weekends and holidays, reportable conditions that must be reported immediately will be reported to DHMH (410-795-2100) by the health care provider. This will be followed up with notification to CHN on the next regular duty day.

2-5. Procedure specific to Dunham USAHC

Dunham USAHC will utilize its ICPM for disease reporting to the Commonwealth of Pennsylvania and AMSS. After duty hours and on weekends and holidays, reportable conditions that must be reported immediately will be reported to the Cumberland County Health Department (717-243-5151) by the health care provider. This will be followed up with notification to ICPM on the next regular duty day.

2-6. Procedure specific to Barquist USAHC

Barquist USAHC will utilize the assets of its Chief Nurse to accomplish disease reporting to the DHMH, State of Maryland, and to AMSS. After duty hours and on weekends and holidays, reportable conditions that must be reported immediately will be reported to the Frederick County

Health Department (301-694-1544) by the health care provider. This will be followed up with notification to the Chief Nurse on the next regular duty day.

2-7. Procedure specific to the Defense Distribution Center (DDC), Fort Indiantown Gap (FIG) and Letterkenny USAHCs

The managers of the DDC, FIG and Letterkenny USAHCs will designate personnel to accomplish disease reporting to the health department of the counties in which they are located. Army reportable medical events will be reported to the ICPM at Dunham USAHC.

2-8. Conditions and diseases that require reporting to AMSS

a. All conditions and diseases for which reports must be made to AMSS are listed in appendix B.

b. Except for Kirk USAHC, all outlying USAHCs will report these conditions and diseases to PM on MEDDAC Form 694-E-R (Medical Reporting Form for Army Medical Surveillance System). MEDDAC Form 694-E-R is both electronically and reproducible. The form may be obtained as follows:

(1) *Electronic versions.*

(a) *FormFlow version.* The FormFlow version, which is electronically fillable, is available from the MEDDAC's web site and KACC's local area network, in the Command Forms section of the Army Medical Department Electronic Forms Support System (AEFSS), commonly referred to as "FormFlow." It may also be available at one or more outlying USAHCs via AEFSS.

(b) *Portable Document Format (PDF) version.* The PDF version is available in the Forms section of the web site and also in at the back of this electronic regulation. In either case, the PDF version of the form can be downloaded or printed from the MEDDAC's web site.

(2) *Reproducible version.* Once this regulation has been printed on paper, the copy of MEDDAC Form 694-E-R at the back of it becomes what is known as a reproducible form and may be used as an original to reproduce more copies locally, as they are needed.

c. Completed MEDDAC Forms 694-E-R will be sent via courier to the CHN (at KACC) or faxed there (301-677-8422).

d. The PMs at KACC and Kirk USAHC will electronically report required conditions to AMSS.

2-9. Procedure for reporting statistics to PASBA

Disease and reportable conditions for which a statistical report must be submitted to PASBA are listed in appendix B. The KACC CHN will prepare and submit MEDDAC Form 723-R (Communicable Disease Report) for all of the MEDDAC's MTFs except Kirk USAHC. At Kirk USAHC, the CHN will submit MEDDAC Form 723-R to its PAD for submission to PASBA. MEDDAC Form 723-R is available in FormFlow and PDF formats and is also reproducible from the R-Forms section of this regulation.

2-10. Development and implementation of procedures by outlying USAHCs

The Chief, PM (MEDDAC) will serve as a consultant to assist in the development and implementation of disease reporting, investigation and prophylaxis SOP IAW this regulation. Each USAHC will provide the Chief, PM a copy of its SOP.

Chapter 4

Disease Investigation and Control Procedures

4-1. Contact follow up

a. At KACC and Kirk USAHC, the PM will initiate all epidemiological investigations and arrange all follow up of contacts of confirmed cases of reportable diseases through CHN. CHN will contact reported cases to gather epidemiological information, conduct contact tracing, provide patient education as deemed appropriate, and coordinate with the diagnosing and treating health care provider to provide prophylaxis of contacts as needed.

b. At all other outlying USAHCs, the clinic's Chief Nurse or Head Nurse, or designee, will provide epidemiological investigation and contact follow up for confirmed cases of reportable diseases. The MEDDAC CHN will provide consultation and coordination to each clinic as needed.

4-2. Disease outbreaks

In the event of a suspected disease outbreak, the PM will coordinate an epidemiological investigation and implement control measures with all appropriate personnel. This will include the reporting health care provider, primary care physician, clinic laboratory, ICPM, and military and civilian health care agencies.

4-3. MTF infections

The ICPM or Head Nurse will monitor nosocomial and MTF-acquired communicable disease patterns and ensure that appropriate infection control measures are being employed by both nosocomial and community acquired infections. Unusual patterns of disease will be reported to and investigated by the PM.

4-4. Disease control programs

a. The Chief, PM is responsible for implementing disease control programs aimed at the prevention and control of specific diseases of public health significance. This is accomplished through education, immunization, early detection, treatment, and prompt identification and treatment of contacts. The MEDDAC organizational responsibilities for disease control are listed in appendix C.

b. Programs for the following disease conditions are in place:

- (1) Influenza.
- (2) Heat and cold injuries.
- (3) Hepatitis.
- (4) Human immunodeficiency virus.
- (5) Rabies
- (6) Sexually transmitted diseases
- (7) Tuberculosis

c. The Chief, PM will maintain disease occurrence data and will regularly review that data to identify trends in disease patterns, initiate investigations and develop additional disease control programs as needed.

d. Communication regarding public health problems will be maintained between the DHMH

and the Commonwealth of Pennsylvania through CHN and Chief, PM. When diseases present that have an impact on outlying civilian communities, the respective county health department director will be notified.

Appendix A References

Section I Required Publications

This section contains no entries.

Section II Related Publications

A related publication is merely a source of additional information. The user does not have to read it to understand this regulation.

AR 40-5 Preventive Medicine

Memorandum, HQ Army Medical Surveillance Activity, 17 Jun 98, Tri-Service Reportable Event List.

10.06.01 Communicable Diseases, Code of Maryland Regulations, Department of Health and Mental Hygiene.

28 Pa. Code & 137.21 & 601.3 & 71.3, Communicable and Noncommunicable Diseases, Commonwealth of Pennsylvania.

Section III Prescribed Forms

MEDDAC Form 694-E-R
Medical Report Form for Army Medical Surveillance System. (Prescribed in para 2-8.)

MEDDAC Form 723
Communicable Disease Reporting. (Prescribed in para 2-9.)

Section IV Referenced Forms

This section contains no entries.

Appendix B

Disease Reporting Requirements

Condition or disease	Agency requiring the report					
	District of Columbia	AMSS	PASBA	MD	VA	PA
AIDS	C			C	X	C
Amebiasis	C	X		C	X	B
Animal bite	A			A	X	A
Anthrax	A	X		D	X	D
Arboviral infection					X	
Biological warfare agent exposure	D	X				
Botulism	A	X		A	X	A
Brucellosis	C	X		C	X	C
Campylobacteriosis	B	X			X	B
Cancer						C
Carbon monoxide intoxication		X				
CD 4+ count, if $\leq 200/\text{MM}^3$				C		
Chancroid	B		X	C	X	
Chemical agent exposure		X				
Chlamydia	B	X		C		B
Cholera	A	X		A	X	A
Coccidioidomycosis	C	X				
Cold weather injury, frostbite		X				
Cold weather injury, hypothermia		X				
Cold weather injury, immersion type		X				
Cold weather injury, unspecified		X				
Cryptococcosis	C					
Cryptosporidiosis	C	X		C	X	
Cyclosporiasis	C	X		C	X	
Dengue fever	C	X		C	X	
Diphtheria	A	X		A	X	A
Dysentery, bacillary	C					
Ehrlichiosis		X		C	X	
Encephalitis	C	X		C		C

See the Key to Abbreviations on the last page of this appendix, page 11.

Condition or disease	Agency requiring the report					
	District of Columbia	AMSS	PASBA	MD	VA	PA
Epidemic of any disease	A	X		C	X	C
Fatality – active duty, trainee or occupational						C
Escherichia coli 0157.H7	A	X		C	X	C
Filariasis		X		C	X	
Food or waterborne illness	A			A	X	A
Giardiasis	C	X		C	X	B
Gonorrhea	B	X	X	C	C	B
Granuloma inguinale	B		X	B	X	B
Guillain-Barre Syndrome						C
Haemophilus influenzae, invasive	C	X		A	X	B
Hantavirus	A	X		C	X	
Hemolytic Uremic Syndrome	A (post-diarrhea)					
Heat exhaustion		X				
Heat stroke		X				
Hemorrhagic fever		X				
Hepatitis A, acute	C	X		C	X	B
Hepatitis B, acute	C	X		C	X	B
Hepatitis C, acute	C	X		C	X	C
Hepatitis D, acute				C	X	C
Hepatitis, unspecified, acute				C	X	C
Herpes simplex (HSV) (initial diagnosis)			X			
Histoplasmosis	C					B
HIV infection			X	C	X	
Human Papilloma Virus (HPV) "Local Policy"						
Hypothyroidism						Infants up to 24 months
Influenza, types A and B	C	X		C	X	C
Influenza, unspecified	C			C	X	C
Kawasaki Syndrome				C	X	C
Kaposi's sarcoma	C					
Lead poisoning – defined as blood level of more than 10mcg dl child 6 years or less	C			C	X	B

See the Key to Abbreviations on the last page of this appendix, page 11.

Condition or disease	Agency requiring the report					
	District of Columbia	AMSS	PASBA	MD	VA	PA
Legionellosis	C	X		C	X	B
Leishmaniasis, cutaneous		X				
Leishmaniasis, visceral		X				
Leishmaniasis, viscerotropic		X				
Leishmaniasis, unspecified		X				
Leprosy	B	X		C	X	
Leptospirosis	C	X		C		B
Listeriosis	C	X		C	X	B
Lyme disease	C	X		C	X	B
Lymphogranuloma venereum (LGV)	B		X	C	X	B
Malaria, falciparum	C	X		C	X	C
Malaria, maraliae	C	X		C	X	C
Malaria, ovale	C	X		C	X	C
Malaria, unspecified	C	X		C	X	C
Malaria, vivax	C	X		C	X	C
Measles (Rubeola)	A	X		A	X	B
Meningitis, aseptic or viral	B	X		C	X	C
Meningitis, bacterial, fungal or parasitic	B	X		C	X	C
Meningococcal disease	A	X		A	X	A
Meningococcal septicemia	B	X		A	X	A
Mumps	A	X		"adults only"		"adults only"
Mycobacteriosis (other than Tuberculosis and Leprosy)				C	X	C
Non-Gonococcal urethritis (NGU)	B	X	X	C	X	
Outbreak of any disease	A	X		A	X	A
Ophthalmia neonatorum	B				X	
Plague	A	X		A	X	A
Pertussis (Whooping cough)	A	X		A	X	A
Phenylketonuria (PKU)						C
Pneumococcal pneumonia	C	X				
Pneumocystis carinii pneumonia	C					

See the Key to Abbreviations on the last page of this appendix, page 11.

Condition or disease	Agency requiring the report					
	District of Columbia	AMSS	PASBA	MD	VA	PA
Poliomyelitis	A	X		A	X	A
Psittacosis	B			C	X	A
Q fever		X				
Rabies, human	A	X		A	X	A
Relapsing fever	B	X				
Reye's syndrome						C
Rhabdomyolysis						C
Rheumatic fever	C	X				
Rift Valley fever		X		X		
Rocky Mountain spotted fever	C	X		C	X	B
Rubella	A	X		A	X	C
Salmonellosis	B	X		C	X	B
Schistosomiasis		X				
Septicemia in newborns				C		
Shigellosis	B	X		C	X	B
Smallpox	D	X		C	X	A
Streptococcal A (invasive)	A	X		C	X	
Streptococcal pneumoniae	B			C		
Syphilis, any type	B	X	X	C	X	B
Tetanus	C	X		C	X	C
Toxic shock syndrome	B	X		C	X	C
Trichinosis		X		C	X	B
Trypanosomiasis		X		C	X	C
Tuberculosis (TB), pulmonary	B	X		A	X	A
Tularemia		X		C	X	B
Typhoid fever	A	X		A	X	B
Typhus fever	A	X		C	X	
Vaccine, adverse event	C	X		C		B
Vancomycin-resistant staphylococcus					X	
Varicella (chickenpox)	C	"active duty only"				

See the Key to Abbreviations on the last page of this appendix, page 11.

Condition or disease	Agency requiring the report					
	District of Columbia	AMSS	PASBA	MD	VA	PA
Vibrio, any species	B				X	
Yellow fever	A	X		B	X	A
Yersiniosis	C					
Cases of disease suspected or confirmed to be caused by high priority bioterrorism agents, such as Bacillus anthracis, Yersinia pestis, Francisella tularensis, Brucella species, Smallpox virus, and Clostridium botulinum are reportable immediately.						

Key to Abbreviations:

AMSS = Army Medical Surveillance System.

PASBA = U.S. Army Patient Administration Systems and Biostatistical Activity (MED) 302 Report.

A = Report within 2 hours.

B = Report within 24 hours in writing.

C = Report within 48 hours in writing.

D = Report immediately.

X = Reportable.

Appendix C
Organizational Responsibility for Disease Reporting and Control

Health care facility	Provider report to	Report RMES	Report to state health department	Disease control
Kimbrough Ambulatory Care Center (KACC)	KACC Community Health Nursing (CHN), Preventive Medicine Service (PM)	KACC CHN, PM	KACC CHN, PM	KACC CHN, PM
Dunham U.S. Army Health Clinic (USAHC)	Environmental Health at Carlisle Barracks	Dunham USAHC	Dunham USAHC	Environmental Health at Carlisle Barracks
Barquist USAHC	KACC CHN, PM	KACC CHN, PM	Barquist USAHC	Barquist USAHC
Fort Indiantown Gap (FIG) USAHC	KACC CHN, PM	KACC CHN, PM	FIG USAHC	FIG USAHC
Defense Distribution Center (DDC) USAHC	KACC CHN, PM	KACC CHN, PM	DDC USAHC	DDC USAHC
Letterkenny USAHC	KACC CHN, PM	KACC CHN, PM	Letterkenny USAHC	Letterkenny USAHC
Kirk USAHC	Kirk USAHC CHN, PM	Kirk USAHC CHN, PM	Kirk USAHC CHN, PM	Kirk USAHC CHN, PM

Glossary

Section I Abbreviations

AEFSS

AMEDD [Army Medical Department] Electronic Forms Support System

AMSS

Army Medical Surveillance System

CDD

Communicable Disease Division

CHN

Community Health Nurse; Community Health Nursing Section

CHPPM

U.S. Army Center for Health Promotion and Preventive Medicine

DCC

Defense Distribution Center

DHMH

Department of Health and Mental Hygiene

DRS

disease reporting system

FIG

Fort Indiantown Gap

IAW

in accordance with

ICPM

Infection Control Program Manager

KACC

Kimbrough Ambulatory Care Center

MEDDAC

U.S. Army Medical Department Activity, Fort George G. Meade

MTF

medical treatment facility

PAD

Patient Administration Division

PASBA

U.S. Army Patient Administration Systems and Biostatistics Activity

PDF

Portable Document Format

PM

Preventive Medicine Service

SOP

standing operating procedure

USAHC

U.S. Army health clinic

Section II Terms

This section contains no entries.

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MEDICAL REPORT FORM FOR ARMY MEDICAL SURVEILLANCE SYSTEM

Name: <i>(Last, First, MI)</i>	Grade:	SSN:	DOB:	Race: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Indian <input type="checkbox"/> Other	Date of Report:
Unit:	Duty Phone:	Home Phone:	Address: <i>(Street, City, State, Zip)</i>		

CATEGORY CODES (check one)

<input type="checkbox"/> A11 - Army Active Duty	<input type="checkbox"/> M31 - Marine Corps Retired	<input type="checkbox"/> M41 - DEP Marine Corps Active Duty
<input type="checkbox"/> N11 - Navy Active Duty	<input type="checkbox"/> F31 - Air Force Retired	<input type="checkbox"/> M43 - DEP Marine Corps Retired
<input type="checkbox"/> M11 - Marine Corps Active Duty	<input type="checkbox"/> C31 - Coast Guard Retired	<input type="checkbox"/> M45 - DEP Marine Corps Deceased
<input type="checkbox"/> F11 - Air Force Active Duty	<input type="checkbox"/> A41 - DEP Army Active Duty	<input type="checkbox"/> F41 - DEP Air Force Active Duty
<input type="checkbox"/> C11 - Coast Guard Active Duty	<input type="checkbox"/> A43 - DEP Army Retired	<input type="checkbox"/> F43 - DEP Air Force Retired
<input type="checkbox"/> A22 - Army Reserve	<input type="checkbox"/> A45 - DEP Army Deceased	<input type="checkbox"/> F45 - DEP Air Force Deceased
<input type="checkbox"/> A23 - Army National Guard	<input type="checkbox"/> N41 - DEP Navy Active Duty	<input type="checkbox"/> C41 - DEP Coast Guard Active Duty
<input type="checkbox"/> A31 - Army Retired	<input type="checkbox"/> N43 - DEP Navy Retired	<input type="checkbox"/> C43 - DEP Coast Guard Retired
<input type="checkbox"/> N31 - Navy Retired	<input type="checkbox"/> N45 - DEP Navy Deceased	<input type="checkbox"/> C45 - DEP Coast Guard Deceased
		<input type="checkbox"/> CIV - Civilian

Date of Onset:	Diagnosis:	Diagnosis Confirmed: <input type="checkbox"/> YES <input type="checkbox"/> NO
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Method of Confirmation: <input type="checkbox"/> SL-Slide <input type="checkbox"/> CU-Culture <input type="checkbox"/> BI-Biopsy <input type="checkbox"/> SE-Serology <input type="checkbox"/> CL-Clinical <input type="checkbox"/> OT-Other	Admitted: <input type="checkbox"/> YES <input type="checkbox"/> NO	Admission Date:
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Chemoprophylaxis: <input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICATIONS : <i>(Chemoprophylaxis <u>only</u>. Check all that apply)</i> <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="width: 33%;"><input type="checkbox"/> Amantadine</div> <div style="width: 33%;"><input type="checkbox"/> Chloroquine</div> <div style="width: 33%;"><input type="checkbox"/> Erythromycin</div> <div style="width: 33%;"><input type="checkbox"/> Mefloquine</div> <div style="width: 33%;"><input type="checkbox"/> Rifampin</div> <div style="width: 33%;"><input type="checkbox"/> Ceftriaxon</div> <div style="width: 33%;"><input type="checkbox"/> Doxycycline</div> <div style="width: 33%;"><input type="checkbox"/> Isoniazid</div> <div style="width: 33%;"><input type="checkbox"/> Primaquine</div> <div style="width: 33%;"><input type="checkbox"/> Other</div> </div>
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Pertinent Travel Out of Country: *(List all countries)*

Heat Injury Only:

WBGT: Rectal Temperature (max): Multi-System Involvement ☐ YES ☐ NO Previous Heat Injury ☐ YES ☐ NO

Cold Injury Only:

Ambient Temperature: Wind Chill: Body Part Affected: Previous Cold Injury ☐ YES ☐ NO

Report Completed By:

Name: Signature: Clinic:

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COMMUNICABLE DISEASE REPORTING

1. Organization	2. Reporting month	3. Name of person submitting report	4. Date submitted
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	A 11	N 11	M 11	F 11	C 11	A 22	A 23	A 31	N 31	M 31	F 31	A 41	A 43	A 45	N 41
VAIA AIDS															
VGHA Genetal Herpes															
VGPA Gonorrhea (PPNG)															
VGTA Gonorrhea															
VHTA HIV Positive															
VLGA LGV, GI, Chancroid															
VNSA NSU															
VP SA Primary and secondary syphilis															

	N 43	N 45	M 41	M 43	M 45	F 41	F 43	F 45	C 41	C 43	C 45	CV
VAIA AIDS												
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